Norvic	Proposal Format	AF 02-001/01.0	Page 1	
International Hospital			Rev.: 00	Date: 02.01.2024
Prepared by: NIH - IRC		Approved by:		
Reviewed by:		Effective date:		

Norvic International Hospital Institutional Review Committee Thapathali, Kathmandu

email: irc@norvichospital.com website: www.norvichospital.com

ANNEX II

AF 02-001/01.0

Ethical Approval Research Proposal Format

Research Title:

For Official U	se Only		
(Please see the checklist before Registration the application form)			
Registration No.:			
Registration date:			
Approved date:			
Name of PI:			
Total budget of the project:			
IRC processing fee:			
Research site:			
Tentative date of initiating the project:			
Duration of research project:			
Name of the internal reviewer:			
Name of the external reviewer:			
Signature and seal of NIH-IRC			

Monda	Proposal Format	AF 02-001/01.0	Page 2	
Norvic International Hospital			Rev.: 00	Date: 02.01.2024
Prepared by: NIH - IRC		Approved by:		
Reviewed by:		Effective date:		

Part-I			_
Administrative Informat	ion		
1. Research Title			
Name and Title of Principa	al investigator responsible	for the proposed research:	
Last (Surname)	Middle (if any)	First name	
Nationality:			
Citizenship Number and p	lace of Issue (Only for Ne	pali)	
Signature:	Date:		
Telephone No/ Mobile No	: Email:		
Full name of the Institution	n associated with the Princ	cipal Investigator (If applicable):
	Designation:		
Telephone No:			
2. Declaration of the head	of the institution (if applic	eable)	
If the proposed research is	approved, we will allow h	nim/ her to conduct the research	1.
Signature:	Date:		
Last (Surname)	Middle (if any)	First name	
Designation:			
Name of the institution:			
Telephone No:			
Institutional Email:			
3. Name of Title of Co- In	vestigator responsible for	the proposed research:	
Last (Surname)	Middle (if any)	First name	
Nationality:	Affiliated Institution (If ap	plicable)	

Namia	Proposal Format	AF 02-001/01.0	Page 3	
Norvic International Hospital			Rev.: 00	Date: 02.01.2024
Prepared by: NIH - IRC		Approved by:		
Reviewed by:		Effective date:		

Citizenship Number and place of Issue (Only for Nepali)
Designation: Telephone No.:
Signature: Email:

Manda	Proposal Format	AF 02-001/01.0	Page 4	
Norvic International Hospital			Rev.: 00	Date: 02.01.2024
Prepared by: NIH - IRC		Approved by:		
Reviewed by:		Effective date:		

Part-II

Financial Information

Research Title:						
Name of the funding Organiz	zation:					
Contact information of\Fund	ing organization:					
Postal Address:						
Telephone No:	Telephone No:					
Fax No:	Email:					
Contact person at the funding	g organization or agency:					
Last (Surname)	Middle (if any)	First name				
Designation:						
Total amount of funds (In NRs) allocated for the proposed Research projects:						

Nomice	Proposal Format	AF 02-001/01.0	Page 5	
Norvic International Hospital			Rev.: 00	Date: 02.01.2024
Prepared by: NIH - IRC		Approved by:	•	
Reviewed by:		Effective date:		

Pa

Part-I	п
Resear	ch Proposal Description
1. 2.	Research Title:
3.	Introduction 3.1 Background of the study (maximum 500 words)
	3.2 Statement of the Problem and Rational/ Justification (500 words)
4	Research Objectives/ purpose/ aim of the study Hypothesis:
	General
5	Research Methodology
	Specific

	Proposal Format	AF 02-001/01.0	Page 6	
Norvic International Hospital			Rev.: 00	Date: 02.01.2024
Prepared by: NIH - IRC Reviewed by:		Approved by: Effective date:		
Qualitative:	Quantitative:	Mix	ed:	
Research Design:				
Study Variables:				
Dependent:				
Independent:				
Study Population,	site, and its Justification:			
Sampling methods	s/ Techniques (Specify):			
Sampling Size (with justification)			
Data Collection to	ools:			
Data Collection To	echnique/ Methods (Specify):		
7. Plan for Dissemin	ation of Research Results:			

Manuel	Proposal Format	AF 02-001/01.0	Page 7	
Norvic International Hospital			Rev.: 00	Date: 02.01.2024
Prepared by: NIH - IRC		Approved by:		
Reviewed by:		Effective date:		

8.	Work plan (should include duration of the study, tentative date of starting the project and work schedule):			

Manda	Proposal Format	AF 02-001/01.0	Page 8	
Norvic International Hospital			Rev.: 00	Date: 02.01.2024
Prepared by: NIH - IRC		Approved by:		
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Part-IV

Ethical Consideration

1. Regarding the research participants			
Are research participants required in this research?	Yes	No	
If yes, mention the types of participants:	• • • • • • • • • • • • • • • • • • • •		
How many participants are required for the research? E	•		
Clearly indicate the participants responsibilities (if any research participants during the research?	y) in the resear	ch. What is expe	ected of the
Are vulnerable members of the population required for are the expected risk and justify it	this research?	If yes, identify c	learly what
Are there any benefits involved for the participants? If benefits for the participants	yes, identify c	learly what are th	ie expected
		• • • • • • • • • • • • • • • • • • • •	

2. Informed consent form/ Ethical issues

Statement required in the informed consent form include:

- A statement that the human participants can withdraw from the study at any time without giving reasons and without fear. State clearly how participants will be out of the study.
- A statement guaranteeing the confidentiality of the research participants.
- A statement indicating that participants has understood all the consent form and is willing to volunteer/participate in the research.
- Signature space for the research participants, a witness, and the date.

Nomic	Proposal Format	AF 02-001/01.0	Page 9	
NOTVIC International Hospital			Rev.: 00	Date: 02.01.2024
Prepared by: NIH - IRC	Approved by:			
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Part-V

Acceptance of General Conditions and Declaration by the Principal Investigator

I hereby certify that the above-mentioned statements are true, I have read and understood the regulation of the NIH-IRC on the approval of research proposal and will act in conformity with the said regulation in all respects.

If the research is terminated, for any reason, I will notify NIH-IRC of this decision and provide the reasons for such actions. I will provide NIH-IRC with a written notice upon the completion of the research as well as a final summary or full report of the research study. If I publish the results in journal, I shall acknowledge to the NIH-IRC and submit at least one copy of any such articles to NIH-IRC.

Signature of Applicant	Date: